

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.05146810

Gross Claim	\$	2,616,224.70
State Hospital Offset	\$	319,439.72
Managed Care Offset 3-21-11 to 4-11-11	\$	277,269.98
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	2,019,515.00
YTD Amount:	\$	20,305,831.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00020409

Gross Claim	\$	10,374.30
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	10,374.30
YTD Amount:	\$	95,848.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00074726

Gross Claim	\$	37,984.69
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	19,657.82
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	18,326.87
YTD Amount:	\$	331,191.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00636452

Gross Claim	\$	323,521.06
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	40,229.72
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	283,291.34
YTD Amount:	\$	2,671,143.06

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00089493

Gross Claim	\$	45,491.05
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	3,544.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	41,947.05
YTD Amount:	\$	389,900.62

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00072437

Gross Claim	\$	36,821.15
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	36,821.15
YTD Amount:	\$	340,196.86

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.02526526

Gross Claim	\$	1,284,282.83
State Hospital Offset	\$	204,500.72
Managed Care Offset 3-21-11 to 4-11-11	\$	147,246.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	2,092.00
Net Claim / Payment Amount	\$	930,443.61
YTD Amount:	\$	9,407,911.04

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00098006

Gross Claim	\$	49,818.38
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	49,818.38
YTD Amount:	\$	450,168.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00318496

Gross Claim	\$	161,897.78
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	4,855.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	157,042.28
YTD Amount:	\$	1,483,269.26

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.02613026

Gross Claim	\$	1,328,252.48
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	489,931.64
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	838,320.84
YTD Amount:	\$	8,918,657.32

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00092326

Gross Claim	\$	46,931.12
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	11,038.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	35,893.12
YTD Amount:	\$	392,199.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000217A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00507104

Gross Claim	\$	257,770.93
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	257,770.93
YTD Amount:	\$	2,366,250.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00428253

Gross Claim	\$	217,689.42
State Hospital Offset	\$	46,492.07
Managed Care Offset 3-21-11 to 4-11-11	\$	9,041.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	162,155.85
YTD Amount:	\$	1,476,168.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00102684

Gross Claim	\$	52,196.30
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	11,908.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	40,288.30
YTD Amount:	\$	464,263.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Mental Health.

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Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01837808

Gross Claim	\$	934,193.93
State Hospital Offset	\$	19,458.10
Managed Care Offset 3-21-11 to 4-11-11	\$	45,130.01
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	157,511.00
Net Claim / Payment Amount	\$	712,094.82
YTD Amount:	\$	7,760,719.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

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Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00338816

Gross Claim	\$	172,226.83
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	43,166.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	129,060.83
YTD Amount:	\$	1,340,045.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00194232

Gross Claim	\$	98,731.94
State Hospital Offset	\$	34,565.20
Managed Care Offset 3-21-11 to 4-11-11	\$	46,354.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	17,812.74
YTD Amount:	\$	479,441.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected:	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00097320

Gross Claim	\$	49,469.67
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	4,133.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	45,336.17
YTD Amount:	\$	434,763.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.30583263

Gross Claim	\$	15,546,073.74
State Hospital Offset	\$	2,944,496.96
Managed Care Offset 3-21-11 to 4-11-11	\$	3,436,649.40
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	40,817.00
Net Claim / Payment Amount	\$	9,124,110.38
YTD Amount:	\$	94,589,622.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

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Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected:	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00294844

Gross Claim	\$	149,875.00
State Hospital Offset	\$	9,027.21
Managed Care Offset 3-21-11 to 4-11-11	\$	73,291.79
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	1,003.00
Net Claim / Payment Amount	\$	66,553.00
YTD Amount:	\$	1,050,504.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01093908

<u>Gross Claim</u>	\$	556,054.94
State Hospital Offset	\$	43,776.72
Managed Care Offset 3-21-11 to 4-11-11	\$	32,426.11
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	86,052.00
<u>Net Claim / Payment Amount</u>	\$	393,800.11
YTD Amount:	\$	4,361,289.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00055905

Gross Claim	\$	28,417.61
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	28,417.61
YTD Amount:	\$	238,801.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00339825

Gross Claim	\$	172,739.73
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	18,553.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	8,555.00
Net Claim / Payment Amount	\$	145,631.23
YTD Amount:	\$	1,398,813.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00679110

Gross Claim	\$	345,204.96
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	11,356.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	333,848.46
YTD Amount:	\$	3,055,027.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00054258

Gross Claim	\$	27,580.41
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	27,580.41
YTD Amount:	\$	240,166.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00042946

Gross Claim	\$	21,830.30
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	21,830.30
YTD Amount:	\$	194,203.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00954731

Gross Claim	\$	485,308.54
State Hospital Offset	\$	58,312.86
Managed Care Offset 3-21-11 to 4-11-11	\$	32,048.64
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	21,639.00
Net Claim / Payment Amount	\$	373,308.04
YTD Amount:	\$	3,812,083.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00558460

Gross Claim	\$	283,876.20
State Hospital Offset	\$	51,541.08
Managed Care Offset 3-21-11 to 4-11-11	\$	36,175.55
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	3,523.00
Net Claim / Payment Amount	\$	192,636.57
YTD Amount:	\$	1,955,199.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00227266

Gross Claim	\$	115,523.78
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	7,905.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	107,618.28
YTD Amount:	\$	1,036,945.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.05736069

Gross Claim	\$	2,915,756.63
State Hospital Offset	\$	398,261.97
Managed Care Offset 3-21-11 to 4-11-11	\$	519,027.73
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	8,634.00
Net Claim / Payment Amount	\$	1,989,832.93
YTD Amount:	\$	20,112,298.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00448968

Gross Claim	\$	228,219.26
State Hospital Offset	\$	24,756.75
Managed Care Offset 3-21-11 to 4-11-11	\$	7,487.20
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	15,600.00
Net Claim / Payment Amount	\$	180,375.31
YTD Amount:	\$	1,775,763.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00073844

Gross Claim	\$	37,536.36
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	18,896.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	18,640.36
YTD Amount:	\$	325,303.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.03161942

Gross Claim	\$	1,607,277.28
State Hospital Offset	\$	89,717.79
Managed Care Offset 3-21-11 to 4-11-11	\$	105,682.97
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	147,949.00
Net Claim / Payment Amount	\$	1,263,927.52
YTD Amount:	\$	12,880,241.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.03719600

Gross Claim	\$	1,890,745.80
State Hospital Offset	\$	272,887.29
Managed Care Offset 3-21-11 to 4-11-11	\$	201,803.97
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	583.00
Net Claim / Payment Amount	\$	1,415,471.54
YTD Amount:	\$	14,024,379.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00099303

Gross Claim	\$	50,477.67
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	974.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	49,503.67
YTD Amount:	\$	453,512.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	<u>Percentage of collection:</u>	0.29377743
<u>Gross monthly apportionment:</u>	\$50,831,965.77	<u>County/City Ratio:</u>	0.04141449

Gross Claim	\$	2,105,179.94
State Hospital Offset	\$	217,899.82
Managed Care Offset 3-21-11 to 4-11-11	\$	504,581.81
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	234,731.00
Net Claim / Payment Amount	\$	1,147,967.31
YTD Amount:	\$	14,069,147.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.06880002

Gross Claim	\$	3,497,240.26
State Hospital Offset	\$	188,055.49
Managed Care Offset 3-21-11 to 4-11-11	\$	709,320.07
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	136,503.00
Net Claim / Payment Amount	\$	2,463,361.70
YTD Amount:	\$	25,118,292.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.05730858

Gross Claim	\$	2,913,107.78
State Hospital Offset	\$	635,391.45
Managed Care Offset 3-21-11 to 4-11-11	\$	160,941.53
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	2,116,774.80
YTD Amount:	\$	21,134,093.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01837745

Gross Claim	\$	934,161.91
State Hospital Offset	\$	44,337.20
Managed Care Offset 3-21-11 to 4-11-11	\$	14,144.10
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	879.00
Net Claim / Payment Amount	\$	874,801.61
YTD Amount:	\$	8,064,568.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00515115

Gross Claim	\$	261,843.08
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	8,400.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	253,443.08
YTD Amount:	\$	2,341,606.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected:	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.02643390

Gross Claim	\$	1,343,687.10
State Hospital Offset	\$	85,286.89
Managed Care Offset 3-21-11 to 4-11-11	\$	26,874.97
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	16,982.00
Net Claim / Payment Amount	\$	1,214,543.24
YTD Amount:	\$	11,477,464.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00991434

Gross Claim	\$	503,965.39
State Hospital Offset	\$	6,683.18
Managed Care Offset 3-21-11 to 4-11-11	\$	13,171.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	47,175.00
Net Claim / Payment Amount	\$	436,936.21
YTD Amount:	\$	4,343,676.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.04686024

Gross Claim	\$	2,381,998.12
State Hospital Offset	\$	574,509.28
Managed Care Offset 3-21-11 to 4-11-11	\$	182,883.48
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	16,253.00
Net Claim / Payment Amount	\$	1,608,352.36
YTD Amount:	\$	15,895,521.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00602420

Gross Claim	\$	306,221.93
State Hospital Offset	\$	32,822.45
Managed Care Offset 3-21-11 to 4-11-11	\$	44,325.98
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	229,073.50
YTD Amount:	\$	1,929,356.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	<u>Percentage of collection:</u>	0.29377743
<u>Gross monthly apportionment:</u>	\$50,831,965.77	<u>County/City Ratio:</u>	0.00536233

Gross Claim	\$	272,577.78
State Hospital Offset	\$	38,861.58
Managed Care Offset 3-21-11 to 4-11-11	\$	18,143.20
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	869.00
Net Claim / Payment Amount	\$	214,704.00
YTD Amount:	\$	2,080,712.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00028471

Gross Claim	\$	14,472.37
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	14,472.37
YTD Amount:	\$	133,713.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00141926

Gross Claim	\$	72,143.78
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	13,677.48
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	58,466.30
YTD Amount:	\$	563,160.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01093912

Gross Claim	\$	556,056.97
State Hospital Offset	\$	24,442.57
Managed Care Offset 3-21-11 to 4-11-11	\$	34,182.16
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	333,642.00
Net Claim / Payment Amount	\$	163,790.24
YTD Amount:	\$	4,470,335.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01150369

Gross Claim	\$	584,755.18
State Hospital Offset	\$	15,497.35
Managed Care Offset 3-21-11 to 4-11-11	\$	68,942.08
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	92,594.00
Net Claim / Payment Amount	\$	407,721.75
YTD Amount:	\$	4,715,617.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01168943

Gross Claim	\$	594,196.71
State Hospital Offset	\$	74,188.77
Managed Care Offset 3-21-11 to 4-11-11	\$	93,620.37
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	426,387.57
YTD Amount:	\$	4,190,221.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected:	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00460890

Gross Claim	\$	234,279.45
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	3,404.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	230,874.95
YTD Amount:	\$	2,062,021.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00209188

Gross Claim	\$	106,334.37
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	8,521.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	97,812.87
YTD Amount:	\$	890,660.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00058428

Gross Claim	\$	29,700.10
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	29,700.10
YTD Amount:	\$	264,770.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01173568

Gross Claim	\$	596,547.68
State Hospital Offset	\$	41,339.20
Managed Care Offset 3-21-11 to 4-11-11	\$	226,130.19
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	42,271.00
Net Claim / Payment Amount	\$	286,807.29
YTD Amount:	\$	3,975,326.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00129599

Gross Claim	\$	65,877.72
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	13,328.50
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	52,549.22
YTD Amount:	\$	500,774.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected:	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.01544086

Gross Claim	\$	784,889.27
State Hospital Offset	\$	15,497.35
Managed Care Offset 3-21-11 to 4-11-11	\$	44,925.59
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	724,466.33
YTD Amount:	\$	6,865,148.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00518708

<u>Gross Claim</u>	\$	263,669.47
State Hospital Offset	\$	46,492.07
Managed Care Offset 3-21-11 to 4-11-11	\$	62,163.70
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	15,097.00
<u>Net Claim / Payment Amount</u>	\$	139,916.70
YTD Amount:	\$	1,896,657.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00200507

Gross Claim	\$	101,921.65
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	101,921.65
YTD Amount:	\$	941,677.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000217A
PAYMENT ISSUE DATE: 4/27/2011

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Sales Tax-Local Realignment, Mental Health.

Section 17601(A)(1)(2) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$173,028,832.64	Percentage of collection:	0.29377743
Gross monthly apportionment:	\$50,831,965.77	County/City Ratio:	0.00237569

Gross Claim	\$	120,760.99
State Hospital Offset	\$	0.00
Managed Care Offset 3-21-11 to 4-11-11	\$	0.00
State Hospital Offset Excess Use November 2010, December 2010, or January 2011	\$	0.00
Net Claim / Payment Amount	\$	120,760.99
YTD Amount:	\$	1,115,737.27